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PATENT APPLICATION

ATTORNEY DOCKET NO. SYNA-20030715-01

Inventor(s): Robert BOLENDER et al.

Confirmation No.: 9656

Application No.: 10/635,748

Examiner: Alexander S. Beck

Filing Date: 08/05/2003

Group Art Unit: 2629

Title: CAPACITIVE SENSING DEVICE FOR USE IN A KEYPAD ASSEMBLY

Mail Stop Amendment  
Commissioner For Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT**

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment  
☐ New fee as calculated below  
☒ No additional fee  
☐ Other

- ☐ Petition to extend time to respond  
☐ Supplemental Declaration

Fee\$

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	13	MINUS	68	= 0	X \$50	\$ 0
INDEP. CLAIMS	1	MINUS	5	= 0	X \$210	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+	\$370 \$ 0
EXTENSION FEE	<input type="checkbox"/> 1st Month \$120	<input type="checkbox"/> 2nd Month \$460	<input type="checkbox"/> 3rd Month \$1050	<input type="checkbox"/> 4th Month \$1640		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge Deposit Account 50-4157 the amount of \$0. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 504157 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 50-4157 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, Alexandria, VA 22313-1450  
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OR

- ☒ I hereby certify that this paper is being transmitted to the Patent and Trademark Office facsimile number (571)273-8300 or via electronic filing.  
Date of facsimile/transmission: 04/04/2008  
Typed Name: Kristel Lang  
Signature: /Kristel Lang/

Respectfully submitted,  
Robert BOLENDER et al.

By /John P. Wagner, Jr./

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